

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 091785, 884	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10	1						60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15	1						65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21	1						71				
22		1					72				
23		1					73				
24		1					74				
25	1						75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30	1						80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37	1						87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42	1						92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	38						TOTAL DEP.				
TOTAL CLAIMS	46						TOTAL CLAIMS				